

SERFF Tracking Number:	AGNY-125896749	State:	Arkansas
First Filing Company:	American Home Assurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-AV-11		
TOI:	22.0 Aircraft	Sub-TOI:	22.0000 Aircraft
Product Name:	Gold Medallion Comprehensive Business Aircraft Program - 034706250030		
Project Name/Number:	Gold Medallion Comprehensive Buisness Aircraft Program/AIC-08-SC-11		

Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Gold Medallion Comprehensive SERFF Tr Num: AGNY-125896749 State: Arkansas

Business Aircraft Program - 034706250030

TOI: 22.0 Aircraft	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 22.0000 Aircraft	Co Tr Num: AIC-08-AV-11	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Monique Myers	Disposition Date: 11/12/2008
	Date Submitted: 11/11/2008	Disposition Status: Approved
Effective Date Requested (New): 12/22/2008		Effective Date (New): 12/22/2008
Effective Date Requested (Renewal): 12/22/2008		Effective Date (Renewal): 12/22/2008

State Filing Description:

General Information

Project Name: Gold Medallion Comprehensive Buisness Aircraft Program	Status of Filing in Domicile: Pending
Project Number: AIC-08-SC-11	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 11/12/2008	
State Status Changed: 11/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The referenced companies (the "Companies") have on file with your Department their Gold Medallion Comprehensive Business Aircraft Program (AIC-05-AV-01). The Companies submit, for your review and approval, seven (7) endorsements to be used with this program.

SERFF Tracking Number:	AGNY-125896749	State:	Arkansas
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Company and Contact

Filing Contact Information

Monique Myers, Filings Analyst	Monique.Myers@AIG.com
175 Water Street	(212) 458-6346 [Phone]
New York, NY 10038	(212) 458-7077[FAX]

Filing Company Information

American Home Assurance Company	CoCode: 19380	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5124990	

American International South Insurance Company	CoCode: 40258	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-6008643	

Commerce and Industry Insurance Company	CoCode: 19410	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-1938623	

Granite State Insurance Company	CoCode: 23809	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0140690	

National Union Fire Insurance Company of Pittsburgh, Pa.	CoCode: 19445	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 25-0687550	

New Hampshire Insurance Company	CoCode: 23841	State of Domicile: Pennsylvania

SERFF Tracking Number: *AGNY-125896749* *State:* *Arkansas*
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70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0172170	

The Insurance Company of the State of Pennsylvania	CoCode: 19429	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5540698	

SERFF Tracking Number: AGNY-125896749 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-AV-11

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Gold Medallion Comprehensive Business Aircraft Program - 034706250030

Project Name/Number: Gold Medallion Comprehensive Buisness Aircraft Program/AIC-08-SC-11

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 per Form filing.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$50.00	11/11/2008	23841038
American International South Insurance Company	\$0.00	11/11/2008	
Commerce and Industry Insurance Company	\$0.00	11/11/2008	
Granite State Insurance Company	\$0.00	11/11/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	11/11/2008	
New Hampshire Insurance Company	\$0.00	11/11/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	11/11/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/12/2008	11/12/2008

SERFF Tracking Number:	AGNY-125896749	State:	Arkansas
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Disposition

Disposition Date: 11/12/2008
Effective Date (New): 12/22/2008
Effective Date (Renewal): 12/22/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>AGNY-125896749</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Insuranced With Limit of Liability Endorsement	Approved	Yes
Form	Cancellation Notice Amendatory Endorsement	Approved	Yes
Form	Cancellation Amendatory Endorsement	Approved	Yes
Form	Non-Owned Exclusion Endorsement	Approved	Yes
Form	Purpose of Use Exclusion for Specific Activities	Approved	Yes
Form	Sports Team Exclusion	Approved	Yes
Form	Amendment of Managed Aircraft Endorsement	Approved	Yes

SERFF Tracking Number: AGNY-125896749 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-AV-11

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Gold Medallion Comprehensive Business Aircraft Program - 034706250030

Project Name/Number: Gold Medallion Comprehensive Buisness Aircraft Program/AIC-08-SC-11

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insuranced With Limit of Liability Endorsement	GLD1128	09/08	Endorseme New nt/Amendm ent/Condi ti ons		0.00	GLD1128.pdf
Approved	Cancellation Notice Amendatory Endorsement	GLD1129	09/08	Endorseme New nt/Amendm ent/Condi ti ons		0.00	GLD1129.pdf
Approved	Cancellation Amendatory Endorsement	GLD1130	09/08	Endorseme New nt/Amendm ent/Condi ti ons		0.00	GLD1130.pdf
Approved	Non-Owned Exclusion Endorsement	GLD1131	09/08	Endorseme New nt/Amendm ent/Condi ti ons		0.00	GLD1131.pdf
Approved	Purpose of Use Exclusion for Specific Activities	GLD1132	09/08	Endorseme New nt/Amendm ent/Condi ti ons		0.00	GLD1132.pdf
Approved	Sports Team Exclusion	GLD1133	09/08	Endorseme New nt/Amendm ent/Condi ti ons		0.00	GLD1133.pdf
Approved	Amendment of Managed Aircraft Endorsement	GLD1143	09/08	Endorseme New nt/Amendm ent/Condi ti ons		0.00	GLD1143.pdf

ADDITIONAL INSURED WITH LIMIT OF LIABILITY ENDORSEMENT

In consideration of an additional premium of \$ _____ this policy is amended as follows:

1. The scheduled person or organizations named below are included as additional Insureds under Liability Coverages, but only as respects operations of the **Named Insured**.
2. As respects coverages provided by this endorsement, the Limit of the Company's Liability for Coverage A: Liability for **Scheduled Aircraft** is amended to be \$ _____ each **Occurrence**.

This limit is part of, and not in addition to, the limit provided for Coverage A: Liability for **Scheduled Aircraft** set forth on the Declarations.

Schedule:

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

GLD1128 (9/08)

By



(Authorized Representative)

CANCELLATION NOTICE AMENDATORY ENDORSEMENT

This policy is amended as follows:

Item B. - CANCELLATION set forth under SECTION IV - GENERAL POLICY CONDITIONS is extended to include the following provision:

7. Written notice by us shall be mailed or delivered to the **First Named Insured's**
_____ at the last mailing address known to us.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

GLD1129 (9/08)

By  _____
(Authorized Representative)

CANCELLATION AMENDATORY ENDORSEMENT

This policy is amended as follows:

Paragraph 5 of Item B. - CANCELLATION - set forth under SECTION IV - GENERAL POLICY CONDITIONS - is deleted and replaced with the following:

5. If this policy is cancelled, we will send the **First Named Insured** any refund due. If we or the **First Named Insured** cancel, the refund will be pro rata. The cancellation will be effective even if we have not made or offered a refund.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

GLD1130 (9/08)

By



(Authorized Representative)

NON-OWNED EXCLUSION ENDORSEMENT

This policy is amended as follows:

_____ is specifically excluded as an Insured under all **Non-Owned Aircraft** provisions contained within each of the following coverages:

Coverage M - Passenger Voluntary Settlements

Coverage B - Liability for the Use of **Non-Owned Aircraft** and **Temporary Substitute Aircraft**

Coverage C - Liability for **Property Damage** to **Non-Owned Aircraft**

Coverage X - Medical Expenses

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

GLD1131 (9/08)

By  _____
(Authorized Representative)

PURPOSE OF USE EXCLUSION FOR SPECIFIC ACTIVITIES

This policy is amended as follows:

This policy shall not apply to any Insured while a **Non-Owned Aircraft** is used for the purpose of:

- a) television or radio news gathering or reporting, or
- b) traffic reporting, or
- c) the creation or production of any film, video, or theatrical production(s) or any flights in support of such production(s) activity including but not limited to scouting flights or flights to transport personnel or equipment.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

GLD1132 (9/08)

By  _____
(Authorized Representative)

SPORTS TEAM EXCLUSION

This policy is amended as follows:

The insurance afforded by this policy shall not apply to sums which the Insured shall become legally obligated to pay as damages because of **Bodily Injury** sustained by any **Passenger** when a **Scheduled Aircraft, Temporary Substitute Aircraft** or **Non-Owned Aircraft** is used for the transportation of a **Sports Team** traveling en masse in support of its athletic or promotional endeavors.

Notwithstanding any other provisions of this policy, we will have no duty to investigate, defend or pay defense costs in respects of any claim excluded under this endorsement.

Definition applicable to this exclusion:

Sports Team means:

- (a) any organization engaged in the conduct of team athletic contests with:
 - (1) paid athletes sanctioned by or affiliated with any of the following organizations:
 - (i) National Basketball Association (NBA),
 - (ii) National Football League (NFL),
 - (iii) Major League Baseball,
 - (iv) National Hockey League (NHL), or
 - (v) Major League Soccer; or
 - (2) athletes sanctioned by or affiliated with the USA Olympic Association; and
- (b) the foreign equivalent of any of the United States of America organizations mentioned in (a) above.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

GLD1133 (9/08)

By



(Authorized Representative)

AMENDMENT OF MANAGED AIRCRAFT ENDORSEMENT

In consideration of _____ premium of \$ _____, the coverage and limits set forth on MANAGED AIRCRAFT ENDORSEMENT _____ are amended to read as follows:

(Only those Coverages with an amount(s) and/or data below shall be amended)

Coverage A: Liability Coverage for Scheduled Aircraft

\$ _____ Each **Occurrence**

Coverage B: Liability for the Use of Non-Owned Aircraft and Temporary Substitute Aircraft

\$ _____ Each **Occurrence**

Maximum Number of Seats: _____

Reporting Grace Period: _____ consecutive days

Coverage C: Liability for Property Damage to Non-Owned Aircraft

\$ _____ Each **Occurrence**

Reporting Grace Period: _____ consecutive days

Coverage D: Liability for Property Damage to Temporary Substitute Aircraft

\$ _____ Each **Occurrence**

Coverage E: Liability for Aviation Premises

\$ _____ Each **Occurrence**

\$ _____ Any One Fire

Coverage F: Hangarkeepers' Liability

\$ _____ Each **Aircraft** / Each **Auto**

\$ _____ Each **Occurrence**

Deductible: \$ _____ Each **Occurrence**

Coverage G: Liability for Non-Owned Hangars and Their Contents

\$ _____ Each **Occurrence**

Coverage H: Liability for the Sale of Aircraft and Aircraft Products and Services

\$ _____ Each **Occurrence**

Coverage I: Liability for the Operation of Mobile Equipment

\$ Each **Occurrence**

Coverage J: Liability for Personal and Advertising Injury

\$ Each Offense and in the annual aggregate

Coverage K: Cargo Liability

\$ Each **Occurrence**

Deductible \$ Each **Occurrence**

:

Coverage L: Personal Effects and Baggage Expense

\$ Each **Passenger** and **Crew Member**

Coverage M: Passenger Voluntary Settlements

Settlement Limits:

A) With respect to any **Scheduled Aircraft** or **Temporary Substitute Aircraft**:

Each **Non-Crew Member Passenger**: \$ Each **Occurrence**

Each **Crew Member**: \$ Each **Occurrence**

B) With respect to any **Non-Owned Aircraft** except a **Temporary Substitute Aircraft**:

Each **Non-Crew Member Passenger**: \$ Each **Occurrence**

Each **Crew Member**: \$ Each **Occurrence**

Total All **Non-Owned Aircraft Crew Members** and **Non-Crew Member Passengers** Combined: \$ Each **Occurrence**

Maximum Weekly Indemnity Limit: \$ Each **Passenger**

Maximum Indemnity Period: consecutive weeks

Coverage N: Physical Damage Coverage for Scheduled Aircraft

FAA Cert. Number	Make & Model	Year Built	Seats Crew / Pass	Insured Value	Deductibles	
					Not In- Motion	In-Motion/ Ingestion
				\$	\$	\$

Coverage O: Physical Damage Coverage for **Spare Engines, Spare Parts** and **Mechanic's Tools**

\$ Each **Occurrence**

Deductible \$ Each **Occurrence**

Coverage P: Automatic Insurance for Newly Acquired Aircraft

Maximum **Physical Damage** Limit: \$
any one **Aircraft** without prior approval.

Maximum number of seats:

Reporting Grace Period: consecutive days

Coverage Q: Physical Damage Coverage for Increased Value of **Scheduled Aircraft**

Scheduled Aircraft Maximum Automatic **Physical Damage** Limit:

\$ any one **Aircraft** without prior approval

Coverage R: Temporary Replacement Parts Rental Expense

\$ Each Loss

Minimum required repair period: _____ days

Coverage S: Replacement Aircraft Rental Expense

\$ Each day for no more than a maximum coverage period of _____
consecutive days, not to exceed:

\$ Each Loss

Minimum required repair period: _____ days

Coverage T: Search and Rescue Expenses

\$ Each Loss

Coverage U: Runway / Aircraft Foaming, Airport Crash Fire & Rescue and Emergency or Unexpected Landing

\$ Each Loss

Coverage V: Trip Interruption Expense

\$ Each **Crew Member** or **Passenger** Each Loss

Coverage W: Lay-Up Credit for Scheduled Aircraft

A pro-rated return of ____ % of the applicable premium at policy expiration if the **Scheduled Aircraft** is laid up for ____ or more consecutive days.

Coverage X: Medical Expenses

A) With respect to any **Scheduled Aircraft** or **Temporary Substitute Aircraft**:

Each Non-Crew Member Passenger:	\$	Each Occurrence
Each Crew Member:	\$	Each Occurrence

B) With respect to any **Non-Owned Aircraft**:

Each Non-Crew Member Passenger:	\$	Each Occurrence
Each Crew Member:	\$	Each Occurrence

C) With respect to any **Aviation Premises**

\$	Each Person
\$	Each Occurrence

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

<i>SERFF Tracking Number:</i>	<i>AGNY-125896749</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-AV-11</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Gold Medallion Comprehensive Business Aircraft Program - 034706250030</i>		
<i>Project Name/Number:</i>	<i>Gold Medallion Comprehensive Buisness Aircraft Program/AIC-08-SC-11</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *AGNY-125896749* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-AV-11*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *Gold Medallion Comprehensive Business Aircraft Program - 034706250030*
Project Name/Number: *Gold Medallion Comprehensive Buisness Aircraft Program/AIC-08-SC-11*

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	11/12/2008

Comments:

Attachment:

P&C Transmittal Document - AR.pdf

Property & Casualty Transmittal Document

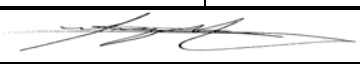
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #
American Home Assurance Company	NY	012-19380	13-5124990
American International South Insurance Company	PA	012-40258	02-6008643
Commerce and Industry Insurance Company	NY	012-19410	13-1938623
Granite State Insurance Company	PA	012-23809	02-0140690
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	012-19445	25-0687550
New Hampshire Insurance Company	PA	012-23841	02-0172170
The Insurance Company of the State of Pennsylvania	PA	012-19429	13-5540698

5. Company Tracking Number	AIC-08-AV-11
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Monique Myers	Filing Analyst	(212) 458-6346	(212)458-7077	Monique.Myers@aig.com
175 Water Street, 17 th Floor New York, NY 10038				
7. Signature of authorized filer				
8. Please print name of authorized filer		Monique Myers		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	22.0 Aircraft			
10. Sub-Type of Insurance (Sub-TOI)	22.0000 Aircraft			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Gold Medallion Comprehensive Business Aircraft Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	December 22, 2008	Renewal:	December 22, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	November 11, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-08-AV-11
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The referenced companies (the “Companies”) have on file with your Department their Gold Medallion Comprehensive Business Aircraft Program (AIC-05-AV-01). The Companies submit, for your review and approval, seven (7) endorsements to be used with this program.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$50.00	
Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE(This form must be provided **ONLY** when making a filing that includes forms)(Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-AV-11
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Additional Insured With Limit of Liability Endorsement	GLD1128 (9/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Cancellation Notice Amendatory Endorsement	GLD1129 (9/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Cancellation Notice Amendatory Endorsement	GLD1130 (9/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Non-Owned Exclusion Endorsement	GLD1131 (9/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Purpose of Use Exclusion for Specific Activities	GLD1132 (9/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Sports Team Exclusion	GLD1133 (9/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Amendment of Managed Aircraft Endorsement	GLD1143 (9/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		